

Form S107
SIS Committee Review Letter for Request Based on Major Life Change

Date:

Dear [Contact Person of Agency Making Request]:

The BHDDH SIS Committee has reviewed your Request for Review Based on Major Life Change for _____ (Participant) dated _____ (date of request).

Based on your request and the information provided to us, and using section 1.45 of the Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities as guidance, the Committee has made the following decision based on your request:

_____ **The case indicates a permanent Major Life Change where a new SIS assessment is warranted.** Please contact Carolee Leach, BHDDH SIS Supervisor, at 462-1723, to schedule the assessment. Specifically, the Major Life Change was proven to be the following:

- _____ An emergency/crisis in the Participant's living situation
- _____ Risk of losing living situation
- _____ Risk of life threatening incidents
- _____ Repeated incidents relating to the Participant or other Participants' health and safety
- _____ A new diagnosis of mid-stage organic brain syndromes
- _____ A new diagnosis of serious mental health condition
- _____ Development of new co-morbid conditions

_____ **The case indicates a permanent Major Life Change where a new SIS assessment is not warranted.** Instead, BHDDH has authorized a permanent change in the annual resource allocation for the Participant within the same SIS level from _____ to _____.

_____ **The case indicates a temporary Major Life Change where a new SIS assessment is not warranted.** Instead, BHDDH has authorized extraordinary supports for the individual on a short term basis. The total extraordinary supports are equal to _____ and cover the period from _____ to _____. An authorization change will be sent to HP to cover this period. The following limitations are given with this authorization for extraordinary supports:

_____ **The case requires additional information to substantiate a Major Life Change.**
Please contact Carolee Leach, BHDDH SIS Supervisor, at 462-1723, for details
about the additional information required.

_____ **The case does not indicate a Major Life Change** as substantiated by the
documentation presented in any of the areas noted in section 1.45 of the Rules and
Regulations for Licensing Agencies Providing Service to Adults with
Developmental Disabilities.

Respectfully Submitted,

Carolee Leach
SIS Supervisor